

INTRAUTERINE DEVICE CONSENT FORM

I, _____, hereby acknowledge that I was given an opportunity to ask questions about all forms of birth control, meaning all prescription, non-prescription, and natural methods. All of my questions were answered to my satisfaction and I understood all of those answers. I understand that no method of birth control, except abstinence, is 100% effective against pregnancy or contracting sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV) infection that leads to the Acquired Immunodeficiency Syndrome (AIDS) disease.

I also acknowledge that the following benefits, risks/side effects, warning signs, alternatives, instructions, and decision to discontinue use option, regarding the birth control method, intrauterine device, were explained to me before I voluntarily decided to use this method of birth control.

BENEFITS: I have been told that the IUD is 97-99% effective if I carefully follow all the directions regarding its use. It can be more effective if used with foam or condoms mid-cycle between periods. IUDs containing progestin may decrease menstrual flow and painful menstrual periods. I have been told the IUD provides longer protection from pregnancy (Paragard – 10 years; Mirena – 5 years)

RISKS/SIDE EFFECTS

1. Spotting, bleeding, hemorrhage or anemia
2. Cramping or pain
3. Partial or complete expulsion of device leading to pregnancy, the pregnancy ending in miscarriage
4. Lost IUD string or other string problems
5. Puncturing of the uterus, embedding, or cervical perforation
6. Increased risk of pelvic inflammatory disease

WARNING SIGNS: I have been told that I need to call a doctor or the family planning clinic if I have any of the following early warning signs develop:

P – Period late (pregnancy), abnormal spotting or bleeding

A – Abdominal pain, pain with intercourse

I – Infection exposure (such as gonorrhea), abnormal discharge

N – Not feeling well, fever, chills

S – String missing, shorter or longer

ALTERNATIVES: I have received written information about other methods of birth control and I choose the IUD.

INSTRUCTIONS: I have been told how the IUD is inserted. I have read and will follow the instructions provided to me. I understand I should check for the IUD string several times during the first few months after insertion and then after each monthly period.

DECISION TO DISCONTINUE USE: I understand that I may have the IUD removed at any time. I know I should not try to remove the device and it should be removed only by my medical provider. If I do not desire to become pregnant, I have been told I may request to have another IUD inserted or choose to use another method of birth control. If I wish to become pregnant, I understand most women not using birth control get pregnant within 12 months.

I hereby release the South Dakota Department of Health, the South Dakota Family Planning Program, and any of its employees or agents, from and against any and all claims, damages, or liabilities which I may have against them as a result of my receiving birth control and related medical services, supplies, and/or procedures.

Client Signature (date)

Witness Signature (date)